



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 3812

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/736,493	12/15/2003 RULE	604	3774	BSCU-134/01US 027060-2723

**APPLICANTS**

Kenneth P. Reever, Hopedale, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/855,566 05/15/2001 PAT 6,685,745

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
03/23/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance JB Initials	STATE OR COUNTRY MA	SHEETS DRAWINGS 16	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
--	--	---	---------------------------	--------------------------	-----------------------	----------------------------

**ADDRESS**

COOLEY GODWARD KRONISH LLP  
 ATTN: Patent Group  
 Suite 1100  
 777 - 6th Street, NW  
 WASHINGTON, DC 20001  
 UNITED STATES

**TITLE**

Delivering an agent to a patient's body

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit